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CONFIRMATION NO. 3114

<b>SERIAL NUMBER</b> 10/561,929	<b>FILING OR 371(c) DATE</b> 06/02/2006 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> USF-202TXC1
<b>APPLICANTS</b> Joseph Allen Knight, Palm Harbor, FL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/21046 06/28/2004 which claims benefit of 60/483,035 06/27/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/18/2006				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 30
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 23557				
<b>TITLE</b> Vascular prosthesis				
<b>FILING FEE RECEIVED</b> 765	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	